

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF IOWA
CEDAR RAPIDS DIVISION

**Sharon Bertroche, M.D., and Employees
Similarly Situated to Her,**

Plaintiff,

v.

Mercy Physician Associates, Inc.,

Defendant.

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Case No. 1:18-cv-59-CJW

PLAINTIFF CONSENT FORM

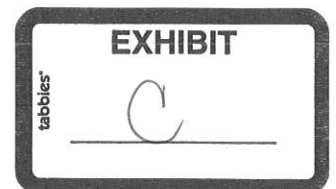
I hereby consent to become a party plaintiff in the present action making a claim under the Equal Pay Act, 29 U.S.C. § 206(d)(1). I am a female physician, and I believe the Defendant, Mercy Physicians Associates, Inc., compensated me less than it compensated male physicians for substantially equal work.

I understand that I may withdraw my consent to proceed with my claim at any time by notifying the attorneys handling the matter.

Dated this _____ day of _____, 2018.

(Print name)

(Signature)



Information below will be redacted in filings with the Court. Please print or type.

Address: _____

Best phone number(s): _____

Email address: _____

Return this form by fax, email, or mail to:

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